

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018476

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 86 Primary Registration District No. 5322 Registrar's No. 15-1962

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

<p>FILED MAY 25 1962</p>		<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Crawford</u></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u></p>	
<p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cuba, (Benton) Twmsp.</u></p>		<p>Length of stay in 1b <u>1 Week</u></p>		<p>c. CITY OR TOWN <u>Cuba</u></p>	
<p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION</p>		<p>Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		<p>d. STREET ADDRESS (If outside, give location) <u>R. R. # 2</u></p>	
<p>3. NAME OF DECEASED (Type or print)</p> <p>First <u>Cullom</u> Middle <u>Vivian</u> Last <u>Alsop</u></p>		<p>4. DATE OF DEATH</p> <p>Month <u>May</u> Day <u>20</u> Year <u>1962</u></p>			
<p>5. SEX <u>Male</u></p>	<p>6. COLOR OR RACE <u>White</u></p>	<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>12-24-97</u></p>	<p>9. AGE (last birthday) <u>64</u></p>	<p>IF UNDER 1 YEAR IF UNDER 24 HR Months <u>4</u> Days <u>26</u> Hours <u></u> Min. <u></u></p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Civil Service</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY <u>U. S. P. O.</u></p>		<p>11. BIRTHPLACE (City and state or country) <u>New Douglas, Ill.</u></p>	
<p>12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u></p>		<p>13a. FATHER'S NAME <u>Frank Leon Alsop</u></p>		<p>13b. MOTHER'S MAIDEN NAME <u>Hattie Lane</u></p>	
<p>14. NAME OF HUSBAND OR WIFE <u>Theresa Nee Meurer</u></p>		<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>Yes WW I</u></p>		<p>16. SOCIAL SECURITY NO. <u>[REDACTED]</u></p>	
<p>17. INFORMANT <u>A Theresa Alsop, Rte 2, Cuba, Mo.</u></p>		<p>18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:</p> <p>IMMEDIATE CAUSE (a) <u>Acute Myocardial Infarction</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Atherosclerosis</u></p> <p>DUE TO (c) <u></u></p>		<p>INTERVAL BETWEEN ONSET AND DEATH <u>15 yrs.</u></p>	
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>				<p>PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>		<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>		<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u></p>		<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>	
<p>20f. CITY, TOWN, OR LOCATION</p>		<p>COUNTY</p>		<p>STATE</p>	
<p>21. I attended the deceased from <u>5-20-62</u> to <u>5-20-62</u> and last saw him alive on <u>5-20-62</u></p> <p>Death occurred at <u>11:20 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>		<p>22a. SIGNATURE (Name or title) <u>Frank A. Shanklin, M. D.</u></p>		<p>22b. ADDRESS <u>Cuba, Missouri</u></p>	
<p>22c. DATE SIGNED <u>5/21/62</u></p>		<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>		<p>23b. DATE <u>May 24, 1962</u></p>	
<p>23c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery,</u></p>		<p>23d. LOCATION (City, town, or county) <u>Jefferson Barracks, Mo</u></p>			
<p>24. FUNERAL DIRECTOR <u>Paul A. Shanklin</u></p>		<p>ADDRESS <u>Cuba, Missouri</u></p>		<p>25. DATE RECD. BY LOCAL REG. <u>May 21, 1962</u></p>	
<p>26. REGISTRAR'S SIGNATURE <u>[Signature]</u></p>					

